

DENMARK TOWNSHIP
ZONING/USE/PERMIT APPLICATION

Date Received: _____

Date Accepted: _____

Legal Description & Parcel Identification Number: _____

IS THIS TORRENS PROPERTY: yes _____ no _____

PROPERTY IS CURRENTLY ZONED _____

Project Address: _____

Owner Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: (for electronic reports) _____

Applicant (if different from Owner):

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ State: _____

Email Address: (for electronic reports) _____

Type of Request:

_____ Variance

_____ Rezoning/Ordinance Amendment

_____ Conditional Use Permit

_____ Interim Use Permit

_____ Certificate Of Compliance

_____ Ag Certificate Of Compliance

_____ Lot Line Adjustment

_____ Administrative Minor Lot Split

_____ Minor Subdivision

_____ Major Subdivision

_____ Planned Unit Development

_____ Other

Description of Request: _____

Signature of Owner: Sign Name- _____ Date: _____

Print Name- _____

Signature of Applicant: Sign Name- _____ Date: _____

(if different from owner) Print Name- _____